

**Medical Examiner  
Investigators  
Dr. Robert Weis MD  
County Medical Examiner**



**Muscatine County**  
Medical Examiner's Office  
Investigative Division  
401 East Third Street, Suite 28  
Muscatine IA 52761  
Phone: 563-263-5828 Fax: 563-264-6108

**Chief Investigator / Administrator**  
Tom Summitt, D-ABMDI  
Email: medexaminer@muscatinecountyiowa.gov  
Cell: (563) 506-0103  
Board Member Iowa Assn Co Med Examiner

**Investigator / Asst. Administrator**  
Richard Hines D-ABMDI  
Email: rich.hines@muscatinecountyiowa.gov  
Cell: (563) 554-7036  
Member Iowa Assn Co Med Examiner

**Investigator**  
Susie Garrett D-ABMDI  
Email: susie.garrett@muscatinecountyiowa.gov  
Cell: (563) 299-4679  
Member Iowa Assn Co Med Examiner

**Investigator**  
Todd Heck D-ABMDI  
Email: todd.heck@muscatinecountyiowa.gov  
Cell: (319) 850-2496  
Member Iowa Assn Co Med Examiner

**Investigator**  
Tashia Wheeler  
Email: tashia.wheeler@muscatinecountyiowa.gov  
Cell: (563) 299-6023  
Member Iowa Assn Co Med Examiner

**Investigator**  
Julia Hilbert  
Email: Julia.hilbert@muscatinecountyiowa.gov  
Cell: (563) 321-0759  
Member Iowa Assn Co Med Examiner

**Investigator**  
Joshua Rudolph  
Email: josh.rudolph@muscatinecountyiowa.gov  
Cell: (563) 5260-7397  
Member Iowa Assn Co Med Examiner

**Web Sites:**  
<http://www.muscatinecountyiowa.gov>  
<http://www.iosme.iowa.gov>  
<http://iacountyme.org/>

## Family Autopsy Report Request

**MUST BE NOTARIZED**

Please complete this form and return to:

Muscatine County Court House  
Medical Examiner Office  
401 E. 3<sup>rd</sup> Street  
Suite 28  
Muscatine, IA 52761

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

County of Death: \_\_\_\_\_

Note: If the decedent died in a county other than Muscatine County, you must contact the medical examiner in that county to receive a copy of the autopsy report.

### Requestor's Information

Full Name: \_\_\_\_\_

Relationship to the Deceased\*: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address to be sent to: \_\_\_\_\_

City, St Zip: \_\_\_\_\_

Signature of Legal Next of Kin: \_\_\_\_\_

**MUST BE NOTARIZED**

*Seal*

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Per Iowa law, a copy of the autopsy report may only be provided to the **immediate next of kin of the deceased** (spouse, adult child, parent, adult sibling, grandparent, and guardian), investigating law enforcement agencies, Insurance companies and County Attorney offices. Autopsy reports will only be provided to those persons who are legally entitled to the report. If there is a request for a copy of the autopsy report from someone other than those who are legally entitled, e.g., insurance company or private attorney, the request must be submitted on their letterhead and include a release of information form signed by the legal next of kin. A \$35 check made payable to the "Muscatine County Medical Examiner Department" must be included with the request. For privacy reasons, reports cannot be faxed or e-mailed.